



State of Delaware Group Health Plan- Enhanced Infertility Benefits Effective August 1, 2019

Frequently Asked Questions (FAQs)

For more information, visit de.gov/statewidebenefits

1. What changes are being made to the current infertility benefits available to members enrolled in a State of Delaware Highmark Delaware or Aetna non-Medicare health plan?

The current \$10,000 lifetime medical only infertility benefit limit is increased for the FY20 plan year effective 8/1/2019, to \$30,000 lifetime and the 25% coinsurance is changed to align with the standard in-network and out-of-network medical benefits defined in the member's enrolled health plan (refer to Question #6 for more detail on standard medical benefits).

In addition, changes include adoption of the following components of Senate Bill 139, Delaware's Fertility Care and Preservation Law, from the 149th General Assembly:

- Coverage for iatrogenic infertility due to surgery, radiation, chemotherapy or other medical treatment
- Cryopreservation and thawing of eggs, sperm and embryos; cryopreservation of ovarian tissue and cryopreservation of testicular tissue
- Six completed egg retrievals per lifetime with unlimited embryo transfers using single embryos transfer (SET) when recommended and medically appropriate
- Limit ovulation induction (OI) or intrauterine insemination (IUI) to no more than 3 treatment cycles before IVF services are covered
- When IVF is medically necessary, no cycles of OI or IUI are required
- Increase IVF transfer maximum age from current 44 to 49
- Coverage of embryo biopsy

And lastly, the following changes are included; however, not specifically included in Senate Bill 139:

- Apply all infertility diagnostic testing under the standard medical benefit
- Coverage of genetic testing or screening of embryos.

2. When do the new benefits go into effect?

The new and modified benefits outlined in Question #1 are effective for the FY20 plan year beginning August 1, 2019.

3. Will any services incurred before August 1, 2019, be covered under the enhanced benefits outlined in Question #1?

The services and enhancements outlined in Question #1 will only apply to dates of services on or after August 1, 2019. There will be no adjustments made to services incurred prior to this date.

4. Does a State of Delaware Highmark Delaware or Aetna member still have to meet medical necessity and/or pre authorization requirements to receive infertility benefits through their State of Delaware health plan?

Yes, State of Delaware members must still meet all medical necessity and pre authorizations requirements as outlined in the health plan summary plan documents. Summary plan documents for the Highmark Delaware plans are available at: <https://dhr.delaware.gov/benefits/agencies/highmark.shtml> and for the Aetna plans at: <https://dhr.delaware.gov/benefits/agencies/aetna.shtml>. Please note, these plan documents do not currently reflect changes effective 8/1/19 and outlined in these FAQs.

5. Does the removal of the current 25% coinsurance for medical infertility services also apply to medications obtained under the member's Express Scripts prescription benefit?

No. The 25% coinsurance and \$15,000 lifetime maximum will remain in place for any medications a State of Delaware Highmark Delaware or Aetna non-Medicare health plan member receives through the Express Scripts prescription benefit after being approved for infertility benefits by their health plan.

6. What does standard in and out-of-network benefits mean in terms of the copay or coinsurance that would apply for infertility services received after 8/1/19?

Members in the Highmark Comprehensive PPO and Aetna HMO plans would be subject to copays as defined in their plan booklets for specialist office visits and in/outpatient procedures for in-network services and as applicable for Highmark Comprehensive PPO members for out-of-network services. Members in the Highmark First State Basic and Aetna CDH Gold Plans would be subject to their coinsurance amounts as applicable for in and out-of-network services.

7. Will employees have the option to change health plans after August 1, 2019?

No. members will remain in the health plan they elected for the July 1, 2019 plan year unless they experience a qualifying event.

8. How will members be notified of the plan changes outlined in Question #1?

The SBO and Highmark Delaware/Aetna will be making modifications to plan documents and posting FAQs on the SBO website. In addition, any member who has been approved for infertility services in the last five (5) plan years and has not yet reached the new age limit of 49 years of age, will receive a letter notifying them of the changes by the August 1, 2019 effective date.

9. How will the change outlined in Question #1 that all infertility diagnostic testing will apply under the standard medical benefit be administered?

The SBO is currently finalizing the changes with Aetna and Highmark Delaware to determine the best approach. The intent is to identify services that are subject to infertility preauthorization and code them in a manner that ensures only those services are applied against the \$30,000 medical only lifetime benefit.

10. How will fertility preservation benefits be determined and covered under the \$30,000 lifetime maximum?

The Statewide Benefits Office (SBO) and Highmark Delaware/Aetna will be making modifications to plan documents to clarify the preauthorization process and coverage for fertility preservation services available under the \$30,000 lifetime maximum.

11. What happens to members who are currently in the midst of treatment? For example, if a member has \$5,000 remaining on their current \$10,000 lifetime medical only infertility benefit and decides to start an IVF cycle in July that costs \$6,000, would that member be responsible for paying the remaining \$1,000 out of pocket?

Any infertility services incurred before August 1, 2019 will be subject to the current benefit design. There will be no retroactive adjustments for services received before August 1, 2019.

12. What happens to members who have reached the current \$10,000 lifetime maximum?

Any members who have reached the current \$10,000 lifetime medical only infertility benefit will receive a letter by the August 1, 2019 effective date to inform them that their new lifetime medical only infertility benefit has increased an additional \$20,000.

13. Are longer-term benefit changes on the horizon?

On June 10, 2019, the SEBC directed the SBO to continue to explore opportunities, including release of a Request for Proposal (RFP) to enhance infertility coverage and to explore options to bundle costs for both medical and prescription benefits. SBO is proceeding with a RFP for a third party infertility administrator and expects to advertise the RFP in August 2019. In addition, the SBO will be monitoring utilization and costs of services incurred by State of Delaware members for infertility services during the FY20 plan year to assess the impact of enhanced services on both outcomes/success of pregnancy and cost.